

Performance Standards in Public Health Systems: The Washington State Standards

Discussion Draft
July 18, 2002

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Background

Public Health in the US has been measuring its performance for over 80 years. This evaluation has shifted back and forth between “doing things right” (counting visits and inspections and immunizations) and “doing the right things” (taking action on the analysis of community health assessments). Increasingly, the public health systems have moved toward the “doing the right things” end of the continuum – that is measuring results as well as measuring resources and activities. In other words, measuring outcomes rather than just counting inputs and outputs. (1)

In 1993, Washington State responded to the growing movement to measure public health as a system in order to improve overall public health protection and to identify exemplary practices. The Washington legislature enacted legislation to establish minimum public health standards and the State’s Public Health Improvement Plan (PHIP). In 1995 the Washington State legislature accepted the first PHIP and required performance- based contracts. By 1998 the PHIP contained a model of Standards for Public Health, using a framework of single performance standards for all parts of the state’s public health system, with unique local and state level measures to address the different responsibilities at state and local levels. After two intensive field tests of the standards and the measures themselves, the Standards Committee of the PHIP initiated the Baseline Evaluation of Public Health Performance Standards Project in the Spring of 2002.

Defining Performance Measurement

To gain an overall perspective on measuring performance it is necessary to first understand what we mean when we use measurement language. The **Guidebook for Performance Measurement** produced in December 1999 by the Turning Point Project, a national collaborative of public health agencies, provides standard definitions of terms. According to the **Guidebook**:

- **Performance measurement** is the “regular collection and reporting of data to track work produced and results achieved”;
- **Performance measure** is “the specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance”;
- **Performance standard** is “a generally accepted, objective standard of measurement such as a rule or guideline against which an organization’s level of performance can be compared”;
- **Performance management** is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”; and,
- **Performance measurement** is “NOT punishment”. (2)

Essentially, performance measurement analyzes the success of an organization’s efforts by comparing data on what actually happened to what was planned or intended. (3)

Performance measurement is not something done to you by someone else but something done together, in partnership, to improve your ability at every level – local, state, regional, and national – to achieve your common goals.

*Former Assistant Secretary for Health, Philip R. Lee
(Guidebook for Performance Measurement)*

Range of Approaches to Measuring the Performance of Systems

Audits and Individual Program Evaluation

Audits for evaluating public health programs or healthcare providers have been used in healthcare for decades and have become more sophisticated over time. Audits have been the standard practice for determining whether contract or regulatory requirements were being met. These audits resulted in a listing of deficiencies, requirements for corrective action, and either a renewal or denial of contracts or licenses.

Program evaluation requirements have been used in the last couple of decades to assess the extent to which programs are meeting goals and objectives, especially in regard to the effective use of public funds. In September of 1999 the Centers for Disease Control (CDC) released the *Framework for Program Evaluation in Public Health*. The framework was developed by a committee of public health and measurement experts and is intended to facilitate the integration of program evaluation throughout the public health system. The framework is a practical, non-prescriptive tool with six general steps for evaluating individual program performance. The use of comprehensive program evaluation processes, like the CDC Framework, can assist individual programs within an organizational system to address the program evaluation requirements of the system's performance standards. Program evaluations and audits are important to assessing the extent that the program meets its individual requirements. Effectively performing program evaluations is a necessary part of overall system performance measurement.

An audit or individual program evaluation approach, however, is not effective in measuring the performance of large, multi-disciplinary organizations like hospitals, provider organizations, health plans and public health systems. As hospitals and other residential facilities began merging with outpatient care organizations and with physician groups to form large healthcare delivery systems and as public health expanded the scope of services provided, it became clear that it would be impossible to improve the larger system with program level data. To look at every aspect of these large systems would be too burdensome and costly. Audits, due to their focus on single programs or projects do not result in a consistent set of system-wide information that provides the baseline for improvement in the performance of the system. For these purposes an accreditation or certification approach emerged as the most appropriate approach for evaluating the performance of large systems.

Accreditation or Certification Evaluations

New approaches for evaluating the performance of larger organizational systems were developed based on agreed-upon performance standards, such as National Committee for Quality Assurance (NCQA), HCFA's (now MSS) QISMC standards and others. The Joint Commission on Accreditation of Hospitals (JCAH) incorporated new standards for these larger, integrated care delivery systems and became JCAHO, the Joint Commission on the Accreditation of Healthcare Organizations. In contrast to contractual or regulatory audits, accreditation or certification may not be required for health organizations to continue operations (although it may be required as the basis for contracting with some payors). It is an additional, valuable indication of the quality of the care and service provided by the health system.

These accreditation entities differ from traditional auditing entities in their approach to measuring the performance of the system, and in the results of the evaluation. Accreditation entities still encompass a wide range of approaches to evaluating performance, but have some common factors. External accreditation entities are hired by the subject organizations to evaluate the overall performance of the system and to confer a level of performance against the standards. There are usually no "corrective actions" required by accreditation organizations although JCAHO does make recommendations for improvement and does require progress reports on these issues in order for the organization to maintain JCAHO accreditation. All accreditation entities deliver comprehensive performance reports to the organization and confer independent accreditation status to the organization.

Stretch Standards

Because the results of system evaluations are primarily for improving the performance of the system, the performance standards do not describe the system exactly as it is performing at the current time. The standards articulate a higher level of performance, often described as "stretch" standards. It is important that the standards and measures are not all immediately attainable by all parts of the system. Stretch standards and measures also provide a more stable measurement tool that yield comparable results over the course of several evaluation cycles.

Developing a model to predict and describe public health capacity is not the primary purpose of the performance standards process. Existing survey instruments already accomplish this purpose. Instead, the performance standards tools should provide a road map that can be used by public health organizations to establish measurable goals and objectives for system improvement."

Paul K. Halverson

Public Health Management and Practice, September 2000

Evaluation of Selected Components

Accreditation evaluations also differ from traditional audits in that they do not evaluate all units or programs for each of the identified standards. For example, NCQA has a standard that addresses the process and interventions of health management programs. While a health plan being reviewed by NCQA may, in fact, conduct 6 or 7 different health management programs,

NCQA surveyors evaluate two selected programs for their performance against the standards. Similarly, during a JCAHO survey, the reviewers may review only half or two-thirds of the organization's practitioner sites to evaluate the overall practitioner site performance against the applicable JCAHO standards. When accreditation status is awarded, there is no distinction made regarding the number of program and/or site reviews in one organization compared to another, leading to the accreditation—comparability is assumed.

Type or Scope of Review

Another important concept used in accreditation processes is the extent of the review for each measure. The most common type of review is called a "SAMPLE". For sample review measures, only some of the components or programs are evaluated against the measure. For some measures the reviewers may be required to evaluate every component selected for the evaluation against that measure. This type of review is called "ALL". The final type of review is the measure that can be evaluated once for the entire organization and is called a "ONCE" type of review.

Evidence of Application of an Improvement Cycle such as Plan-Do-Check-Act (PDCA)

Accreditation-type standards and measures often reflect an improvement cycle for each topic that they address. For example, the NCQA standards and measures for clinical guidelines include requirements for evidenced-based clinical practice guidelines (CPGs). These CPGs are the *plan* step of the cycle. The next measure requires the distribution of the CPG to providers (the *do* step), then the measurement of provider compliance with the guideline (the *check* step), and the review and updating of the CPGs (the *act* step). This application of the improvement cycle in the standards and measures themselves is a unique and critical part of accreditation and certification programs.

A performance standards system therefore is not simply a report card for public health organizations. Rather, performance standards are tools that public health professionals can use to build infrastructure by informing ourselves, our policy makers, and our constituents about the strengths and weaknesses in our systems.

Paul K. Halverson, Editorial

Public Health Management and Practice, September 2000

Quality Award Evaluation

Another approach to performance evaluation is the quality award system represented by the Baldrige Criteria for Performance Excellence. The Baldrige process of evaluation, developed in the late 1980s, uses team consensus to determine how systematic the organization's approach to the evaluation item is and the extent of deployment of that approach in six categories of criteria. The seventh category is the evaluation of the results achieved by the organization. An organization applies to be evaluated for a Baldrige Quality Award and only the organizations that achieve high performance against the criteria receive an award. All other applicants simply

receive a written report. What the organization does with the written results is completely up to the leadership of the organization. Most importantly, there is no information that tells any outside entity how the organization performed, or how that might be related to the performance of similar organizations. The award winning organization must communicate any and all information about their operations and outcomes themselves. In order for another organization to learn from the achievements of the award winner, the organization often must conduct a benchmarking site visit to understand the award winner's work processes and strategies for success.

Some of the other differences among evaluation approaches are described in the table below.

| | <i>Regulatory or contractual audits</i> | <i>Program Evaluation</i> | <i>Accreditation or Certification processes</i> | <i>Quality Award</i> |
|---|--|---|--|--|
| <i>Purpose</i> | To meet requirements in order to continue contract, comply with regulations, or to renew license | To assess the program's effectiveness in meeting established goals and/or objectives | To demonstrate the quality of system or of the care and services by achieving high level of accreditation | To demonstrate high quality across the organization's systems to receive quality award |
| <i>Evaluation entity</i> | Individual program or specific component of larger organization | Specific program within an organization | Numerous, selected programs or components representing the entire organization | All components of major division or entire organization |
| <i>Who chooses entities and timing of evaluation</i> | Regulator or contractor determines scope and timing of evaluation | Oversight entity or the program leadership | Organization determines scope and timing of evaluation | Organization applies for review to be considered for award |
| <i>Evaluation system</i> | Auditors determine compliance against contract requirements, laws or regulations | Evaluators determine extent to which program is meeting goals and objectives, ideally related to service outcomes | Surveyors evaluate compliance against a set of standards and measures developed through multi-disciplinary process | Team of examiners reaches consensus on performance against a set of established criteria |

| | <i>Regulatory or contractual audits</i> | <i>Program Evaluation</i> | <i>Accreditation or Certification processes</i> | <i>Quality Award</i> |
|------------------------|--|---|--|--|
| Results | Written report with list of deficiencies and required corrective actions | Written report, often annual or more frequent, with summary of findings and extent that goals and objectives are being achieved | Levels of compliance with standards and accreditation status. No follow-up, but accreditation can be denied. All receive written report. | Only organizations that achieve a high level of performance receive award. All receive written report. |
| Uses of results | Corrective Action Plan (CAP), and determination of continuation of contracts | Actions for improvement to address goals and objectives that are not being met | Improvement of system's processes and outcomes. Establishment of exemplary or best practices. | Award winners |

Uses of Accreditation and Other Evaluation Results

Two of the primary uses for results of formal evaluations by accreditation or quality award entities are for (1) making comparisons of performance levels including identifying benchmarks and (2) to improve the quality of the processes and outcomes of the organization.

For comparison purposes, the standards and measures should provide sufficiently valid and reliable quantification such that comparison across the system's programs and departments can be made. By identifying the highest level of performance or outcome (the benchmark), an organization can duplicate those work processes throughout the organization to achieve higher performance overall.

For improvement of quality, other standards and measures lend themselves more to internal monitoring of performance and local accountability and are most suitable for supporting the improvement of the organization rather than for comparability among organizations.

The American College of Mental Health Administration (ACMHA) has applied this concept for identifying the principle use of each measure in its proposed ***Consensus Set of Indicators for Behavioral Health***. In this project, five national accreditation entities reached consensus on a set of performance measures, including CARF, the Council on Accreditation, the Council on Quality and Leadership in Support of Persons with Disabilities, JCAHO and NCQA. They concluded that it was "important to recognize that selecting appropriate measures depends on the purpose of assessing performance. For example, one purpose would be for determining quality improvement needed and another purpose is to hold providers accountable for the care being given." They have designated every measure as a comparison measure or a quality improvement measure to facilitate future actions on the results of evaluation of the indicators.

Application to Public Health Nationally

In 1997 the CDC established the Public Health Practice Program Office (PHPPO) to address the initiative to advance the capacity of state and local public health systems in the US. Along with the CDC and several key associations such as the National Association of County and City Health Officials (NACCHO) and the American Public Health Association (APHA), the PHPPO created the National Public Health Performance Standards Program. Improving quality is the overriding emphasis within the Standards Program; it is meant to stimulate a deliberate focus on improving the capacity of public health systems to provide the essential services of public health.

(4)

Recently the partnership released separate sets of performance standards for local public health governance, for local jurisdictions and for state level programs. The standards are based on the ten essential services. These instruments use a self-assessment form of evaluation in which the entity evaluates itself against standards that describe an aspect of optimum performance on an indicator. Measures and sub-measures in the form of questions guide the self-evaluator through the set of standards and indicators. The result is then ranked on a percentile basis. These standards and measures are a mixture of the accreditation model and the quality award model described above.

Although the measurement approaches described earlier do not generally use a self-assessment type of evaluation, the Council on Accreditation does have an explicit step of self-assessment and system improvement prior to the accreditation survey. Most organizations preparing for JCAHO or NCQA surveys perform a “mock” assessment as a part of their preparation activities.

Application to Washington State’s Performance Standards

Public health managers and staff are very familiar with program audits and more traditional types of quality assurance. Program audits continue to be a valuable method for evaluating individual program compliance with contract and licensure requirements.

To evaluate the performance of Washington’s entire public health system, both state level and local levels, it is necessary to use a systems evaluation approach. The Standards Committee selected external reviewers to conduct an accreditation type of evaluation, rather than relying on a self-assessment model. The Standards Committee and the leadership of the Department of Health and WSALPHO, through the reviewer selection process, specified which parts of the system they wanted to have evaluated. This has translated into a baseline evaluation of 38 state-level programs located in five divisions and all (34) of the local health jurisdictions (LHJs) in the state.

The site reviewers use the adopted standards and measures to conduct the baseline evaluation of the selected parts of the statewide system (this is the “organization” being reviewed). The selected programs and the local jurisdictions cannot choose which standards and measures to be evaluated against. This is predetermined by the set of standards and measures and by how the program or jurisdiction contributes to compliance with the measures.

Partnership Measures

In the DOH, some of the performance measures are partnership measures. When a specific DOH program cannot fully meet the established measure without the direct contribution of several other programs it is called a partnership measure. In this case, the program identifies which portion of the measure it contributes and provides the documentation of performance for that portion of the measure. Partnership measures are scored once, overall for DOH rather than at the program level. A word of caution—a measure is not considered to be a partnership measure simply because the program cannot demonstrate full performance or compliance with the measure.

Improvement or PDCA Cycle

Washington's public health performance standards and measures reflect an improvement cycle, as discussed above. An excellent example is the set of measures for communicable disease reporting and investigation. Written protocols are required for receiving and managing the communicable disease reports (the *plan* step). A couple of measures describe the requirements for communicating with providers and with law enforcement as well as training of district staff (the *do* step). Then a tracking system with at least annual evaluation of key indicators is required, as well as a debriefing process for major outbreaks (the *check* step). Finally, the implications for investigations, intervention, or educational efforts are measured (the *act* step). The improvement cycle is evident in many of the topics that are measured in Washington's standards for public health.

Scope of Review

Washington's performance standards also contain the three types of measures described earlier as "SAMPLE", "ALL", and "ONCE".

For SAMPLE review measures, only some of the programs are evaluated against the measure. This is the case, for example, with the measure that requires a 24-hour contact number for CD and EH programs, but is not required for other programs.

An example of an ALL measure is the measure requiring that all DOH staff and that all key LHJ staff be trained in emergency response plans. None of the programs or LHJs being reviewed can be excluded from being evaluated for this measure.

An example of the ONCE type of measure is the access measure that requires a single list of critical health services for the entire public health system. The reviewers need only to see this list once to evaluate the level of performance or compliance for the entire organization. Individual programs within DOH do not need to demonstrate performance against this part of the measure once DOH overall has demonstrated it.

Program Capacity and System Performance

Program capacity and *system performance* are concepts used to assist in further understanding of the Washington State measurement system. *Program capacity* is used to describe the intended work of a specific program. This work may be subject to audit or program evaluation review, providing important information about the specific capacity (and performance) of that program. *System performance* is used to describe the ability of the overall system to achieve specific measures or results. Actions taken by the system, if applied consistently, will improve the capacity (and performance) of each program. For example:

The WIC program has staff, funding, contractual relationships and work processes to deliver services to a targeted number of specifically eligible clients. The services are clearly articulated, reflecting best practice knowledge, in order to assure standardized high quality services. This is the *program capacity*.

Performance measure AC s 2.6.3 (Gaps in access to critical health services are identified using periodic survey data and other assessment information) measures the system's performance using a sample of programs. This sampling process provides an overview of current *system performance* as well as program-specific exemplary practices. Subsequent adoption of an exemplary practice throughout all programs will improve each program's capacity (for example, WIC) to identify gaps in access, and should also result in integration of the gap information into a system-wide picture. This is *system performance*.

Washington State's Use of the Evaluation Results

Like other organizations, Washington State's public health system will utilize the results of the baseline evaluation in several ways. The findings will be reported to each of the sites that are evaluated, accompanied by aggregate reports for all LHJs, for the DOH, and the overall system. Management teams at all of these sites and levels of the public health system can and should use their specific reports to select the vital few areas for initiating local or system-wide quality improvement efforts.

Reports will also include qualitative information gathered in closing interviews at each site to articulate the supports and resources needed to fully meet the applicable measures in each of the topic areas. These support and resource needs will be reported for the local and state levels in aggregate. To facilitate improving the performance and the documentation of work across the public health system, exemplary practices will be collected and collated into an online toolkit with hot links to each of the documents. DOH programs and local jurisdictions will be able to use this electronic compendium of exemplary practices to efficiently and effectively address gaps in documentation or performance.

- (1) Lichiello, Patricia; Turning Point Guidebook for Performance Measurement, Turning Point National Program Office, December, 1999.
- (2) Ibid
- (3) Ibid
- (4) Halverson, Paul K.; *Performance Measurement and Performance Standards: Old Wine in New Bottles*, Journal of Public Health management and Practice, vol.6, No.5, September 2000